

Community Development Block Grant Program
Economic Development Allocation

**CALIFORNIA COMMUNITY ECONOMIC ENTERPRISE FUND COMPONENT
2006 -2007**

APPLICATION



**STATE OF CALIFORNIA
Department of Housing and Community Development
Financial Assistance Division
Community and Economic Development Section
Community Development Block Grant Program (CDBG)
1800 Third Street, Suite 330
Sacramento, California 95814**

**Telephone: (916) 552-9398
Fax: (916) 319-8488
Website: <http://www.hcd.ca.gov/ca/cdbg/>**

STATE OF CALIFORNIA
ARNOLD SCHWARZENEGGER, GOVERNOR

BUSINESS, TRANSPORTATION AND HOUSING AGENCY

SUNNE WRIGHT McPEAK

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

LYNN L. JACOBS, DIRECTOR

Division of Community Affairs

Richard L. Friedman, Deputy Director

State Enterprise and Economic Development Section

Frank Luera, Section Chief

Community Development Block Grant Program

Mimi Bettencourt, Program Manager

Veronica Jefferson, Program Secretary

Lynne Sekas, Program Secretary

Program Staff

Jim Miwa
David Nelson
Stacy Tyhurst

SECTION I. APPLICATION SUMMARY

APPLICATION FORM

This application, if approved for funding, will be a part of your grant agreement with the Department. In order to be considered for funding, all sections of this application (Section I through IV) and attachments must be complete and accurate. **Please refer to Appendix F Application Format for the format that your applications must be submitted.**

DO NOT REVISE THIS FORM IN ANY MANNER UNLESS OTHERWISE NOTED ON THE APPLICATION FORM. Refer to the Application Instructions and Program regulations (Federal regulations are found at 24 CFR Part 570, Subpart I and State Regulations at Title 25, Subchapter 2, commencing with Section 7050) for additional information. If you have any questions about the application, or if you require technical assistance, please contact State CDBG Economic Development Program staff for assistance.

OFFICIAL(S) AUTHORIZED TO SUBMIT APPLICATION

Name: _____
(Print or Type)

Title: _____

Signature _____

Date _____

Name: _____
(Print or Type)

Title: _____

Signature _____

Date _____

Note: Electronic Form begins on next Page

California Department of Housing and Community Development



Applicant Information

Community Development Block Grant - Enterprise Fund

A.1 Applicant Information

Applicant

Name: _____

Address: _____

City: _____ Entity Type: _____
(City or County only)

State: _____

Zip Code: _____ County: _____

If there is a co-applicant please check here ☐ and provide duplicate of this page for the co-applicant

A.2 Authorized Representative Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name: _____ MI: _____ Last Name: _____

Job Title: _____

☐ Check if the information in this area is the same as Applicant

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____

A.3 Applicant Contact Information

☐ Check if the same as Authorized Representative and go to next section

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

First Name: _____ MI: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____

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B. Requested Funding by Activity

Activity	Activity Amount Requested	Activity Delivery Amount Requested	Result of CDBG Plng. & Tech. Assist. Grant?	Total Amount Requested
Business Assistance				
Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____	\$
Supporting Infrastructure	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____	\$
Microenterprise Assistance				
Technical Assistance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____	\$
General Support	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____	\$
Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____	\$
Activity Totals	\$	\$		\$
				General Administration
				\$
				Total Amount Requested
				\$

Leverage: List the amounts and sources of all **leverage**. Leverage includes both monetary contributions and in-kind contributions to the proposed activity. Indicate the type of documentation for each source of leverage. Be conservative. Leveraged amounts will appear in funded contracts as committed funds and will be a condition of contract compliance. The documentation for private equity requirements must be included in the Program Guidelines and Program Design.

Note: Refer to the Application Instructions for a more complete description of what earns points as private, non-State, and non-Federal sources of leverage.

CDBG Activity	Name of Source	Type of Leverage	Type of Documentation	Dollar Amount
General Admin				
Business Assistance				
Business Assistance Activity Delivery				
Microenterprise Assistance				
Microenterprise Activity Delivery				
Total				

Attach documentation of each leverage source (except private equity requirements from business owners which should be documented in the Program Guidelines and the Program Design) which demonstrates that the funds or in-kind contribution has been committed. Label this attachment as ***“Leverage Attachment: Section I, Part I, C.2.”*** Documentation must include the following:

- a. letter, resolution, or other evidence of commitment or award from contributing source (if resolution, it must be signed, dated and adopted by the governing body); and
- b. dollar amount of the contribution or value of in-kind contribution.

D. Location of Activities - U.S. Census

Name of CDBG Activity	Jurisdiction-Wide or Target Area?	Census Tract Numbers (all apps.) and Block Group Numbers (for target area activities only) Attach a map showing the Target Area and Census Tract and Block Group information. Label this attachment as "Census Data Attachment: Section I.D"
Business Assistance		
Loans	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	
Supporting Infrastructure	<input type="checkbox"/> Jurisdiction-wide <input type="checkbox"/> Target Area	
Microenterprise Assistance		
Technical Assistance	<input type="checkbox"/> Jurisdiction-wide	
General Support	<input type="checkbox"/> Jurisdiction-wide	
Loans	<input type="checkbox"/> Jurisdiction-wide	

E. Proposed Activity(ies) and Beneficiaries

Activity	# of Business Expansions	# of Business Startups	# Jobs Created/ Retained	# TIG Jobs	# TIG Clients (ME)	# TIG Households	CDBG National Objective - Check all that apply
Business Assistance							
Loans							<input type="checkbox"/> Slums/Blight <input type="checkbox"/> TIG-Jobs
Supporting Infrastructure							<input type="checkbox"/> Slums/Blight <input type="checkbox"/> TIG-Jobs
Microenterprise Assistance							
Technical Assistance							<input type="checkbox"/> TIG-Clients
General Support							<input type="checkbox"/> TIG-Clients
Loans							<input type="checkbox"/> TIG-Clients

E.1 - Proposed Business Assistance Activity(ies) National Objective: Enter the projected number of businesses to be assisted and jobs created/retained by the proposed activity. Indicate N/A if application is not proposing business assistance activity.

<i>Activity</i>	<i># Of Businesses Assisted</i>	<i># Of Jobs Created/Retained</i>	<i># Of TIG Jobs</i>
<u>Business Assistance</u> Business Loans & Infrastructure Grants			

E.2 - Proposed Business Assistance Activity(ies) Public Benefit: Enter the amount of CDBG funding, the projected total number of jobs created/retained, and the projected cost per job. Enter N/A if application is not proposing a business assistance activity.

<i>Activity</i>	<i>a. Amount of CDBG Funds</i>	<i>b. # of Jobs Created/Retained</i>	<i>c. Cost Per Job Created/Retained (a÷b)</i>
<u>Business Assistance</u> Business Loans & Infrastructure Grants			

E.3- Proposed Microenterprise Assistance Activities Projected Beneficiaries: Enter the amount of CDBG funding, the projected number of microenterprise Targeted Income Group (TIG) clients to be served, the projected number of business startups, and the projected number of businesses expanded. Enter N/A if the application is not proposing Microenterprise Assistance activities.

<i>Activity</i>	<i>a. Amount of CDBG Funds</i>	<i>b. # of TIG Clients Served</i>	<i>c. # of Business Startups</i>	<i>d. # of Businesses Expanded</i>
<u>Microenterprise Assistance-TIG</u>				

E.4 - Other Projected Microenterprise Assistance Performance Indicators: Enter the projected units of benefit related to other applicable performance indicators. Enter N/A if application is not proposing Microenterprise Assistance activities.

<i>A. Projected Benefits</i>	<i>B. # Of Beneficiaries</i>		<i>A. Projected Benefits</i>	<i>B. # Of Beneficiaries</i>
Clients Entering Program			Clients Receiving Technical Assistance and Business Support	
Clients Completing Program			Clients Receiving General Support	
Business Start ups			CDBG Loans to Microenterprises	
Business Expansions			Non-CDBG loans to Microenterprises	

F. Legislative Representative Information

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

Please use these links to verify your legislator's correct contact info:

California Assembly <http://www.assembly.ca.gov/acs/acsframeset9text.htm>

California Senate <http://www.sen.ca.gov/~newsen/senators/senators.htm>

Member of Congress <http://www.house.gov/writerep/>

G. Target Populations

- | | |
|-------------------------------------------------|-----------------------------------------------------------|
| 1. <input type="checkbox"/> Physically Disabled | 9. <input type="checkbox"/> Seniors |
| 2. <input type="checkbox"/> Persons with AIDS | 10. <input type="checkbox"/> Mentally Ill |
| 3. <input type="checkbox"/> Youths | 11. <input type="checkbox"/> Veterans |
| 4. <input type="checkbox"/> Single Adults | 13. <input type="checkbox"/> Victims of Domestic Violence |
| 5. <input type="checkbox"/> Single Men | 12. <input type="checkbox"/> Substance Abusers |
| 6. <input type="checkbox"/> Single Women | 14. <input type="checkbox"/> Dually-Diagnosed |
| 7. <input type="checkbox"/> Families | 15. <input type="checkbox"/> Homeless |
| 8. <input type="checkbox"/> Farmworker | 16. <input type="checkbox"/> Other _____ |

H. GROWTH CONTROL AND HOUSING ELEMENT STATUS

1. Has the applicant enacted limitations on residential construction, which limitations does not establish agricultural preserves, are not imposed by another agency, or are not based on a health and safety need?

Note: If the applicant has a General Plan, ordinance, or other measure which directly limits by number either the building permits which may be issued for residential construction, or buildable lots which may be developed for residential purposes, and the measure does not meet any of the exceptions found in the Program Regulations, Section 7056(b)(2)(B), check "yes" below and attach a copy of the measure with this application. Label the attachment as "*Growth Control Attachment: Section I.H.1.*"

☐ Yes

☐ No

2. Has the applicant submitted an adopted housing element to the Department?

☐ Yes

☐ No

I. MAPS

If the application is proposing targeted activities, please submit the following maps. Enter "No" if proposed activity is jurisdiction wide.

1. ☐ Yes, a location map is attached. Label the attachment as "*Location Map Attachment: Section I.I.1.*"
☐ No, the proposed activity is jurisdiction-wide.

Note: A location map must include:

- a. the number and boundaries of census tract(s) or enumeration districts(s) within which CDBG funds will be spent;
 - b. the general location of the proposed activities, including geographic boundaries of the target or service areas covered by each activity;
and
 - c. attach census tape printouts showing income levels for targeted area.
2. ☐ Yes, an Ethnic/TIG Map is attached. Label the attachment as "*Ethnic/TIG Map/ Attachment: Section I.I.2.*"
☐ No, the proposed activity is jurisdiction-wide.

Note: Based on the applicant's knowledge of the area and available data, the Ethnic/TIG Map should show:

- a. the location of concentrations of non-white persons and Hispanic persons within the entire city or county; and
- b. the location of concentrations of targeted income group families within the jurisdiction

J. ENVIRONMENTAL CLEARANCE

A. Finding of Exemption

It is the finding of the City/County of _____ that the activities proposed in this application for State Community Development Block Grant funds are exempt from environmental review requirements under NEPA because they are defined as exempt activities in 24 CFR Part 58.34. The activity(s) judged exempt consist(s) of:

(Brief description of activities):	NEPA Citation
General Administration	58.34 (a) (3)
1. _____	_____
2. _____	_____
3. _____	_____
_____ Printed Name of Authorized Official	_____ Signature
_____ Title	_____ Date

STATUTES and REGULATIONS listed at 24 CFR 58.6

PROJECT NAME / DESCRIPTION:

General Administration Activities

Level of Environmental Review Determination: Exempt

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?

() No; **Cite Source Document:**

(This factor is completed).

() Yes; **Cite Source Document:** _____ (Proceed).

2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

() Yes (Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file).

() No (**Federal assistance may not be used in the Special Flood Hazards Area**).

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?

() No; **Cite Source Documentation:**

There are no coastal zone barrier resource areas in California

(This element is completed).

() Yes - **Federal assistance may not be used in such an area.**

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?

() No; SD _____

Project complies with 24 CFR 51.303(a)(3).

() Yes; **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Preparer Signature / Name /Date

Responsible Entity Official Signature / Name / Date

SECTION II. ACTIVITY DESCRIPTION

For applicants proposing business assistance activities complete;

Part I: Activity Description for Business Assistance.

For applicants proposing microenterprise assistance activities, complete

Part II: Activity Description for Microenterprise Assistance.

If you are proposing both activities you must complete both Parts.

PART I: ACTIVITY DESCRIPTION FOR BUSINESS ASSISTANCE

A. NEED FOR PROGRAM

Enter the jurisdiction's poverty rate using information contained in Appendix K of the Application Instructions for Countywide Poverty or using target area information as documented in the **NEED** section of the submitted Application. Enter the jurisdiction's annual average unemployment rate using Appendix L of the Application Instructions.

Applicant's Need Rates	
1. Poverty Rate	_____
2. Annual Average Unemployment Rate	_____

3. Attach a description of an **"adverse economic event"**. An adverse economic event is an event as described below, which has occurred in the last 24 months, which has the effect of significantly reducing employment opportunities within the applicant's jurisdiction. Label the description as *"Adverse Economic Event Attachment: Section II, Part I, A.3."*

Your description must include the following information:

- a. documentation of a Presidential Declaration of Disaster or a Federal directive to provide preference or assistance.
- b. a description of the event, including the date the event occurred;

B. LOCAL PROGRAM CAPACITY

1. Enter the Grant Agreement number if the jurisdiction has received an **Enterprise Fund** award in the years indicated. Enter N/A if no awards were received in the years indicated.

Grant Year	Grant Agreement Number
2002	
2003	
2004	

2. Enter the Grant Agreement if the jurisdiction has received an **Over-the-Counter** award in the years indicated. Indicate N/A if no awards were received in the years indicated.

Grant Year	Grant Agreement Number
2002	
2003	
2004	

3. Enter the Grant Agreement number if the jurisdiction has received an **ED Planning and Technical Assistance** award in the years indicated. Indicate N/A if no awards were received in the years indicated.

Grant Year	Grant Agreement Number
2002	
2003	
2004	

4. Submit a copy of your **Program Design** and label as “***Business Assistance Program Design Attachment: Section II, Part I, B.4.***” The program design should address the items listed below. Indicate below where the following items are found and highlight those provisions in the attachment. Refer to the Application Instructions package for relevant information.

Provision in Program Design	Page Number
1. Description of activity, including:	
a. The estimated number and type (start-ups, existing) of business loans, as applicable	
2. Description of local need for Program	
3. Description of how Program Design relates to local need	

5. Submit a copy of your **Program Guidelines** and label as “***Business Assistance Program Guidelines Attachment: Section II, Part I, B.5.***” Program guidelines should address the items listed below. Indicate below where the following items are found and highlight those provisions in the guidelines. ***The Matrix must be a component of the Program Guidelines.***

Provision in Guidelines	Page Number
1. Description of tasks related to Program implementation (Narrative of tasks included in Matrix)	
2. Description of staff roles necessary to implement program (Narrative of staff roles identified in Matrix)	
3. Description of how Program meets CDBG eligibility requirements, including:	
a. Description of how Program meets underwriting requirements; and	
b. Description of how Program meets Public Benefit Requirements	
4. Description of how Program meets CDBG national objective Requirements	
5. Description of how Program meets federal overlay requirements, including:	
a. Environmental review requirements;	
b. Labor standards requirements; and	
c. Other (including Procurement, Relocation, Equal Employment Opportunity, Fair Housing, Section 3).	
6. Description of private equity requirements from owners for private business loans, if applicable	

6. Provide a description of **Program Operator Experience** of the parties that will be involved in implementation of the program. Label the description as ***“Program Operator Experience Attachment: Section II, Part I, B.6.”*** The description of program operator experience should address the items listed below. Indicate below where the following items are found and highlight each provision in the description.

Program Operator Experience	Page Number
1. Party responsible for program implementation tasks identified in guidelines, i.e., local staff, subrecipient or consultant	
2. If local staff is responsible, a copy of the duty statement and resume of staff person, if position is filled. Resume should include similar programs and special training.	
3. If consultant or subrecipient is responsible, include contract, or letters of interest which include resumes from prospective consultants or subrecipient.	

7. Provide letters of commitment from other local organizations willing to assist in implementing the program. Attach and label as ***“Other Local Organization Support Attachment: Section II, Part I, B.7.”*** Commitment letters must contain the following information:
- a description of the contribution;
 - dollar amount of contribution or value of in-kind contribution; and
 - effective dates of the commitment.

C. PROGRAM EFFECTIVENESS

1. Describe the extent to which the program complements local or regional **economic development plans**. Specify the link between the program’s design and the existing economic development plan. Attach and label as ***“Economic Development Plan Attachment: Section II, Part I, C.1.”***

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- 2 List all **sources and uses of** funds which will be used in the activity. Include anticipated CDBG funding and non-CDBG funding.

SOURCES

USES	State CDBG	Bank	Jurisdiction	Other Local (Specify)_	Owner Equity	Private (Specify)	Other (Specify)
Business Loans							
Infrastructure							
Activity Delivery							
General Administration							
Other Specify							
Total							

PART II: ACTIVITY DESCRIPTION FOR MICROENTERPRISE ASSISTANCE**A. NEED FOR PROGRAM**

Enter the jurisdiction's poverty rate using information contained in Appendix K of the Application for Countywide Poverty or using target area information as documented in the NEED section of the submitted Application. Enter the jurisdiction's annual average unemployment rate using Appendix L of the Application.

Applicant's Need Rates	
1. Poverty Rate	_____
2. Annual Average Unemployment Rate	_____

2. Attach a description of any **adverse economic event**. An adverse economic event is an event which has occurred in the last 24 months which has the effect of significantly reducing employment opportunities within the applicant's jurisdiction. Label the description as ***“Adverse Economic Event Attachment: Section II, Part II, A.3.”***

Note: Your description must include the following information:

- a. documentation of a Presidential Declaration of Disaster or a Federal directive to provide preference or assistance.
- b. description of the event, including the date the event occurred;

B. LOCAL PROGRAM CAPACITY

1. Enter the Grant Agreement number if the jurisdiction has received an **Enterprise Fund** award in the years indicated. Enter N/A if no awards were received in the years indicated.

Grant Year	Grant Agreement Number
2002	
2003	
2004	

2. Enter the Grant Agreement if the jurisdiction has received an **Over-the-Counter** award in the years indicated. Indicate N/A if no awards were received in the years indicated.

Grant Year	Grant Agreement Number
2002	
2003	
2004	

3. Enter the Grant Agreement number if the jurisdiction has received an **ED Planning and Technical Assistance** award in the years indicated. Indicate N/A if no awards were received in the years indicated.

Grant Year	Grant Agreement Number
2002	
2003	
2004	

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4. Submit a copy of your **Program Design** and label as “**Microenterprise Assistance Program Design Attachment: Section II, Part II, B.4.**” The program design should address the items listed below. Indicate below where the following items are found and highlight those provisions in the attachment. Refer to the Application Instructions for relevant information.

Provision in Program Design	Page Number
1. Description of activity, including	
a. The estimated number of microenterprise beneficiaries and forms of assistance, as applicable	
2. Description of local need for Program	
3. Description of how Program Design relates to local need	

5. Submit a copy of your **Program Guidelines** and label as “**Microenterprise Assistance Program Guidelines Attachment: Section II, Part II, B.5.**” Program guidelines should address the items listed below. Indicate below where the following items are found and highlight those provisions in the guidelines. The Matrix must be a component of the Program Guidelines.

Provision in Guidelines	Page Number
1. Description of tasks related to Program implementation (Narrative of tasks included in Matrix)	
2. Description of staff roles necessary to implement program (Narrative of staff roles included in Matrix)	
3. Description of how Program meets CDBG eligibility requirements, including:	
a. Description of how Program meets Provision of Assistance for Microenterprise development	
b. Description of how Program meets CDBG national objective Requirements (100% TIG - limited clientele). Include a cost allocation plan and/or other documentation necessary to describe how programs that assist both TIG and non-TIG clients will segregate costs between the TIG and non-TIG clients served.	
5. Description of how Program meets federal overlay requirements, including:	
a. Environmental review requirements;	
b. Labor Standards requirements; and	
c. Other (including Procurement, Relocation, Equal Employment Opportunity, Fair Housing, Section 3).	
6. Description of private equity requirements from owners for microenterprise loans, if applicable	

6. Provide a description of **Program Operator Experience** of the parties that will be involved in implementation of the program. Label the description as “**Program Operator Experience Attachment: Section II, Part II, B.6.**” The description of program operator experience

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should address the items listed below. Indicate below where the following items are found and highlight each provision in the description.

Program Operator Experience		Page Number
1	Party responsible for program implementation tasks identified in guidelines, i.e., local staff, subrecipient or consultant	
2	If local staff is responsible, a copy of the duty statement and resume of staff person, if position is filled. Resume should include similar programs and special training.	
3.	If consultant or subrecipient is responsible, include contract or letters from prospective consultants which include resumes	

7. Provide letters of commitment from other local organizations willing to assist in implementing the program. Attach and label as ***“Other Local Organization Support Attachment: Section II, Part II, B.7.”*** Commitment letters must contain the following information:
 - a. a description of the contribution;
 - b. dollar amount of contribution or value of in-kind contribution; and
 - c. effective dates of the commitment.

C. PROGRAM EFFECTIVENESS

1. Describe the extent to which the program complements local or regional **economic development plans**. Specify the link between the program’s design and the existing economic development plan. Attach and label as ***“Economic Development Plan Attachment: Section II, Part II, C.1.”***

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2. List all **sources and uses of funds** which will be used in the activity. Include anticipated CDBG funding and non-CDBG funding.

SOURCES

USES	State CDBG	Bank	Jurisdiction	Other Local (Specify)	Owner Equity	Private (Specify)	Other (Specify)
Business Assistance Loans							
Technical Assistance and Business Support							
General Support (childcare, transportation, counseling)							
Activity Delivery							
General Administration							
Other Specify							
Total							

SECTION III. CERTIFICATIONS

Applicants must complete and attach with the application a series of certifications and authorizing documents. See Appendices A, B, C, and D for formats. Complete the relevant forms and insert them into this section of the application.

A. Housing Element Self-Certification

- No Longer Required with Application.

B. Statement of Assurances

The form contained in Appendix B is the required form. Return this form with the signature of the chief administrative officer. Label the form “*Statement of Assurance Attachment: Section III.B.*”

C. Resolution of the Governing Body

The resolution submitted with this application must be a certified copy of the resolution passed by the governing body. It must authorize the submission of the application, approve the application’s contents, and authorize its execution. A sample resolution is included as Appendix E. CDBG staff strongly recommends that applicants use the suggested language in the sample form. Label the resolution “*Resolution of Governing Body Attachment: Section III.C.*”

D. Joint Powers Agreement

Program regulations (Section 7060 c) require a Joint Powers Agreement as part of the application if one of the following conditions exist:

- a. if one application is submitted by two or more jurisdictions;
- b. if a county is applying on behalf of a city in the same county; or
- c. if a county applicant is applying on behalf of itself and a city in the same county.

The agreement must be on the form provided by the Department as Appendix D. Additional provisions may be added to the Joint Powers Agreement by applicants either by attachments to the agreement or by typing additional provisions or exceptions into the spaces provided on the form. Space has been left between each paragraph for applicants to modify any provisions to fit the applicant’s particular situation. The applicant should enter “Not Applicable” if a provision clearly does not apply to the activities proposed. Do not leave any lines blank.

Label the agreement as “*Joint Powers Agreement Attachment: Section III.D.*”

If the applicant proposes to create a separate Joint Powers agency, the Department must be consulted regarding the inclusion of legal requirements.

E. Compliance with OMB Circular A-133

The form contained in Appendix E is the required form. Return this form with the signature of the jurisdictions chief administrative or financial officer. Label the form **“Compliance with OMB Circular A-133: *Section III.E.*”**

SECTION IV. CHECKLIST OF ATTACHMENTS

In addition to returning Section I through IV of the application, submit all required attachments with your application. Place the completed attachments at the end of the application form according to the order they are listed below. Check off each item on the list to be sure you have attached them to your application. Mark each attachment appropriately. Incomplete applications will not be considered for funding.

Not all attachments will apply to all activities. If the document does not apply to your application, enter a checkmark in the column headed "Not Applicable". Otherwise, place checkmark in the column marked "Included."

If you have any attachments in addition to what is listed here, please identify them in the space below and indicate to which Section of the Application they belong. For example, if you are attaching copies of correspondence from the Public Hearings held prior to submitting this application, reference them here. See the NOFA for information about the Public Hearings requirements.

RETURN A COPY OF THIS CHECKLIST WITH YOUR APPLICATION.

Included Not Applicable

SECTION I: APPLICATION SUMMARY

Census Data Attachment: Section I.D	<input type="checkbox"/>	<input type="checkbox"/>
Growth Control Attachment: Section I.H.1.	<input type="checkbox"/>	<input type="checkbox"/>
Location Map Attachment: Section I.I.1.	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic/TIG Map Attachment: Section I.I.2.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II: ACTIVITY DESCRIPTION

PART I: BUSINESS ASSISTANCE ACTIVITIES

Adverse Economic Event Attachment: Section II, Part I, A.3.	<input type="checkbox"/>	<input type="checkbox"/>
Business Assistance Program Design Guideline Attachment: Section II, Part I, B.4.	<input type="checkbox"/>	<input type="checkbox"/>

Included Not Applicable

Business Assistance Program Guidelines Attachment: Section II, Part I, B.4.	<input type="checkbox"/>	<input type="checkbox"/>
Matrix Attachment: Section II, Part I, B.5	<input type="checkbox"/>	<input type="checkbox"/>
Roles and Responsibilities Attachment: Section II, Part I, B.6.	<input type="checkbox"/>	<input type="checkbox"/>
Other Local Organizational Support Attachment: Section II, Part I, B.7.	<input type="checkbox"/>	<input type="checkbox"/>

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Economic Development Plan Attachment: Section II, Part I, C.1. ☐ ☐

Leverage Attachment: Section II, Part I, C.2. ☐ ☐

PART II: MICROENTERPRISE ASSISTANCE ACTIVITIES

Adverse Economic Event Attachment: Section II, Part II, A.3. ☐ ☐

Microenterprise Assistance Program Design
Attachment: Section II, Part II, B.4. ☐ ☐

Microenterprise Assistance Program Guidelines **& Cost Allocation Plan**
Attachment: Section II, Part II, B.5. ☐ ☐

Matrix Attachment: Section II, Part II, B.5. ☐ ☐

Roles and Responsibilities Attachment: Section II, Part II, B.6. ☐ ☐

Other Local Organizational Support Attachment: Section II, Part II, B.7. ☐ ☐

Economic Development Plan Attachment: Section II, Part II, C.1. ☐ ☐

Leverage Attachment: Section II, Part II, C.2. ☐ ☐

SECTION III: CERTIFICATIONS

Statement of Assurances Attachment: Section III.B. ☐

Resolution of the Governing Body Attachment: Section III.C. ☐

Joint Powers Agreement Attachment: Section III.D. ☐ ☐

Compliance with OMB Circular A-133: Section III.E ☐

STATEMENT OF ASSURANCES (Revised January 15, 2004)

The City/County of _____ hereby assures and certifies that:

1. It possesses legal authority to apply for the grant and to execute the proposed program.
2. Its governing body has duly adopted or passed as an official act or resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the applicant's chief executive officer or other designee to act in connection with the application and to provide such additional information as may be required.
3. It has or will comply with all citizen participation requirements, which include, at a minimum, the following components:
 - a. Provides for and encourages citizen participation, with particular emphasis on participation by persons of low and moderate income who are residents of slum and blight areas and of areas in which CDBG funds are proposed to be used, and provides for participation of residents in low and moderate income neighborhoods as defined by the local jurisdiction;
 - b. Provides citizens with reasonable and timely access to local meetings, information, and records relating to the grantee's proposed use of funds, as required by CDBG regulations, and relating to the actual use of funds under this title;
 - c. Provides for technical assistance to groups representative of persons of low and moderate income that request such assistance in developing proposals with the level and type of assistance to be determined by the grantee;
 - d. Provides for public hearings to obtain citizen views and to respond to proposals and questions at all stages of the community development program. These include at least the development of needs, the review of proposed activities, and review of program performance, which hearings shall be held after adequate notice, at times and locations convenient to potential or actual beneficiaries, and with accommodation for the handicapped. This shall include one public meeting during the program design, annual performance report preparation, and formal amendments. A public hearing shall be conducted prior to application submittal;
 - e. Solicits and provides for a timely written answer to written complaints and grievances, within 15 working days where practicable; and
 - f. Identifies how the needs of non-English speaking residents will be met in the case of public hearings where a significant number of non-English speaking residents can reasonably be expected to participate.
4. Its CDBG Program has been developed so as to primarily benefit targeted income persons and households, and each activity in the program meets one of the three national objectives: benefit to low and moderate income persons, elimination of slums and blight, or meets an urgent community need certified by the grantee as such.

2006 - 2007 California Community Economic Enterprise Fund Component Application
Appendix A. Statement of Assurances

5. It consents to assume the responsibilities for environmental review and decision-making in order to ensure compliance with NEPA by following the procedures for "recipients" of block grant funds as set forth in 24 CFR, Part 58, entitled "Environmental Review Procedures for Title I Community Development Block Grant Programs." Also included in this requirement is compliance with Executive Order 11988 relating to the evaluation of flood hazards, and Section 102(a) of the Flood Disaster Protection Act of 1973 (Public Law 93-234) regarding purchase of flood insurance, and the National Historic Preservation Act of 1966 (16 USC 470) and implementing regulations (36 CFR 800.8).
6. It consents to assume the role of either "Lead Agency" as defined by Section 21067 of the California Public Resources Code, or if another agency is or will be designated "Lead Agency," it consents to assume the role of "Responsible Agency" as defined by Section 21069 of the California Public Resources Code, in order to ensure compliance with CEQA.
7. It has resolved any audit findings or performance problems for prior CDBG grants awarded by the State.
8. It certifies that there is no plan, ordinance, or other measure in effect which directly limits, by number, the building permits that may be issued for residential construction or the buildable lots which may be developed for residential purposes; or if such a plan, ordinance, or measure is in effect, it will either be rescinded before receiving funds, or it need not be rescinded because:
 - a. It imposes a moratorium on residential construction, to protect the health and safety, for a specified period of time which will end when the public health and safety is no longer jeopardized; or
 - b. It creates agricultural preserves under Chapter 7 (commencing with Section 51200) of Part 2 of Division 1 of Title 5 of the Government Code; or
 - c. It was adopted pursuant to a specific requirement of a State or multi-State board, agency, department, or commission; or
 - d. The applicant has a housing element which the Department of Housing and Community Development has found to be adequate, unless a final order has been issued by a court in which the court determined that it is not in compliance with Article 10.6 of Chapter 3 of Division 1 of Title 7 of the Government Code; or
 - e. The use of the funds applied for in this application is restricted for housing for the targeted income group.
9. It will comply with the regulations, policies, guidelines, and requirements of OMB Circular Numbers A-87, A-133, A-122, and 24 CFR Part 85, where appropriate, and the State CDBG regulations.
10. It shall comply with the following regarding nondiscrimination:
 - a. Title VI of the Civil Rights Act of 1964 (Public Law 88-352).

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Appendix A. Statement of Assurances

- b. Title VIII of the Civil Rights Act of 1968 (Public Law 90-284) as amended; and will administer all programs and activities related to housing and community development in a manner affirmatively furthering fair housing.
 - c. Section 109 of the Housing and Community Development Act of 1974, as amended.
 - d. Section 3 of the Housing and Urban Development Act of 1968, as amended.
 - e. Executive Order 11246, as amended by Executive Orders 11375 and 12086.
 - f. Executive Order 11063, as amended by Executive Order 12259.
 - g. Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), as amended, and implementing regulations.
 - h. The Age Discrimination Act of 1975 (Public Law 94-135).
 - i. The prospective contractor's signature affixed hereon and dated shall constitute a certification under the penalty of perjury under the laws of the State of California that the bidder has, unless exempted, complied with the nondiscrimination program requirements of Government Code Section 12990 and Title 2, California Code of Regulations, Section 8103.
11. It will comply with the Federal Relocation Act (42 U.S.C. 4601 et seq.) and will certify that it is following a residential anti-displacement and relocation plan.
12. It will comply with the following regarding labor standards:
- a. Section 110 of the Housing and Community Development Act of 1974, as amended.
 - b. Section 1720 et seq. of the California Labor Code regarding public works labor standards.
 - c. Davis-Bacon Act as amended (46 U.S.C. 276a) regarding prevailing wage rates.
 - d. Contract Work Hours and Safety Standards Act (40 USC 327-333) regarding overtime compensation.
 - e. Anti-Kickback Act of 1934 (18 USC 874) prohibiting "kickbacks" of wages in federally assisted construction activities.
13. It will comply with the Architectural Barriers Act of 1968 (42 USC 4151) and implementing regulations (24 CFR Part 40-41).
14. It will enforce standards of conduct that govern the performance of its officers, employees, and agents engaged in the administration of contracts funded in whole or in part by the CDBG Program (Section 7120(d) of the State regulations).
15. It will comply with the Hatch Act (5 USC 1501 et seq.) regarding political activity of employees.

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Appendix A. Statement of Assurances

16. It will comply with the Lead-Based Paint Regulations (24 CFR Part 35) which prohibits the use of lead-based paint on projects funded by the program.
17. It is not, nor will it employ, award contracts to, or otherwise engage the services of any contractor while that contractor (or its principals) is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation from the covered transaction, in any proposal submitted in connection with the CDBG program under the provisions of 24 CFR part 24.
18. It will give HUD, the Comptroller General, the State Department of Housing and Community Development, or any of their authorized representatives access to and the right to examine all records, books, papers, or documents related to the grant.
19. It will not attempt to recover any capital costs of public improvements assisted in whole or in part with CDBG funds by assessing properties owned and occupied by targeted income persons unless:
 - a. CDBG funds are used to pay the proportion of such assessment that relates to non-CDBG funding or
 - b. for the purposes of assessing properties owned and occupied by targeted income persons who are not of the lowest targeted income group, it does not have sufficient CDBG funds to comply with the provisions of a. above.
20. It will adopt and enforce policies
 - a. prohibiting the use of excessive force by its law enforcement agencies against individuals engaged in non-violent civil rights demonstrations and
 - b. enforcing applicable State and local law against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstration within its jurisdiction.

The certification is made under penalty of perjury under the laws of the State of California.

CERTIFYING OFFICIAL: _____
(Chief Administrative Executive—enter exact title of person signing)

Signature

Date

2006 - 2007 California Community Economic Enterprise Fund Component Application
Appendix B. Sample Resolution of the Governing Body

NOTE: An application for the State CDBG Program is to include, at a minimum, the following information in a resolution. Applicants have the option of including any additional pertinent information.

RESOLUTION NO. _____

A RESOLUTION APPROVING AN APPLICATION AND CONTRACT EXECUTION FOR FUNDING FROM THE ECONOMIC DEVELOPMENT ALLOCATION OF THE STATE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM AND AUTHORIZING THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO WITH THE STATE OF CALIFORNIA FOR THE PURPOSES OF THIS GRANT.

BE IT RESOLVED by the City Council of the City of _____ as follows:

SECTION 1.

The City Council has reviewed and hereby approves application for: State Community Development Block Grant (CDBG Program) for up to \$442,500 from the Enterprise Fund Component:

- 1) General Administration - \$30,000;
- 2) Business Assistance - \$250,000;
- 3) Activity Delivery / Business Assistance - \$25,000;
- 4) Microenterprise Assistance - \$125,000;
- 5) Activity Delivery / Microenterprise Assistance - \$12,500

SECTION 2.

If the grant application is approved, the City will provide local leverage for the Business Assistance Program:

Redevelopment Agency funds: \$100,000

If the grant application is approved, the City will provide local leverage for the Microenterprise Assistance Program:

Redevelopment Agency funds: \$100,000

SECTION 3.

The City Manager is hereby authorized and directed to act on the City's behalf in all matters pertaining to this application.

SECTION 4.

If the application is approved, the City Manager is authorized to enter into and sign the grant agreement and any amendments thereto with the State of California for the purposes of this grant.

2006 - 2007 California Community Economic Enterprise Fund Component Application
Appendix B. Sample Resolution of the Governing Body

PASSED AND ADOPTED at a regular meeting of the City Council of the City
of _____ held on _____ by the following vote:

AYES:

NOES:

ABSENT:

Signature

Mayor of the City of _____

ATTEST:

Signature

City Clerk of the City of _____

This agreement, dated for convenience _____, 20__ is made by and between the City/County of _____, a political subdivision of the State of California, and the City/County of _____, a political subdivision of the State of California.

Whereas: The community development activities applied for in the State's Community Development Block Grant Program consist of:

and;

Whereas: These community development objectives may be best achieved and most cost-effectively administered through the cooperative efforts of the City/County of _____ and the City/County of _____

and:

Whereas: Section 7060(d) of Title 25 of the California Code of Regulations requires a Joint Powers Agreement which meets the requirements of Article I, Chapter 5 of Title 1 (commencing with Section 6500) of the Government Code in order to submit a joint application for the State Community Development Block Grant Program;

Now therefore; the parties hereto agree to the following:

I. General

This agreement is subject to the terms and requirements of Article I, Chapter 5 of Title 1 (commencing with Section 6500) of the Government Code and Subchapter 2 of Chapter 7 of Title 25 of the California Code of Regulations.

II. Purpose

This agreement sets forth the relationships and responsibilities of the parties hereto for the purpose of applying for and, if successful, the administration and implementation of the State Community Development Block Grant Program. If funded, the parties shall be responsible for the areas designated below.

III. Block Grant Contract Management

a. The City/County of _____ shall be responsible for the management of the State Community Development Block Grant Program Grant Agreement executed with the State of California for the purpose of receiving these funds. These responsibilities, except as noted below in subparagraph IIIb, include but are not limited to:

1. Setting up of any cash depositories as required by 25 Code of Regulations 7098.

2. Any bonding and insurance as required by 25 Code of Regulations 7100, and Section 6505.1 of the Government Code.
 3. Recordkeeping as required by 25 Code of Regulations 7102.
 4. Program income requirements of 25 Code of Regulations 7104.
 5. Financial management in conformance with the requirements of 25 Code of Regulations 7106.
 6. Financial reporting as required by 25 Code of Regulations 7108.
 7. Performance reports as required by 25 Code of Regulations 7110.
 8. Any revisions pursuant to 25 Code of Regulations 7114.
 9. The grant closeout procedures of 25 Code of Regulations 7116.
 10. Property management and procurement in conformance with 25 Code of Regulations Sections 7118 and 7120.
 11. Audit requirements of 25 Code of Regulations 7122. The City/County of _____ shall be responsible for the following exceptions to the contract management requirements:
-

IV. Grant Implementation

The City/County of _____ shall be responsible for the implementation of the program contained in the grant application for the State Community Development Block Grant funds. These responsibilities, except as noted below in subparagraph IV.b., include but are not limited to:

1. Citizen participation as required by 25 Code of Regulations 7080 and the Housing and Community Development Act of 1974, including amendments.
2. Environmental reviews as required by 25 Code of Regulations 7082.
3. Labor standards as required by 25 Code of Regulations 7088 and 7096.
4. Program design, work write-ups, bid processes, change orders, inspections, construction management and other related program implementation steps required for the successful completion of the program.
5. All other program requirements as set forth in Subchapter 2 of Chapter 7 of Title 25 of the Code of Regulations (the State Community Development Block Grant Program regulations).

b. The City/County of _____ shall be responsible for the following exceptions to the contract management requirements:

V. Additional Responsibilities

In addition to the aforesaid delegations of responsibilities, the parties hereto, pursuant to Section 6504 of the Government Code, also agree as follows:

VI. Personnel

Personnel used in the implementation of the program shall be employees of _____ and under the supervision of _____ for the sole purpose of accomplishing the tasks set forth in the application for the State Community Development Block Grant funds.

VII. Use of Property, Equipment, and Utilities

a. The City/County of _____ shall provide the following property, equipment and utilities for use by the City/County of _____ for the purpose of implementing the State Community Development Block Grant Program:

b. Pursuant to Government Code Section 6505.1, the following shall have charge of, handle, or access to the property or equipment set forth above (name persons if so desired):

VIII. Duration of this Agreement

This agreement shall be effective upon the date the applicant receives notice from the State that the application has been funded. The City/County of _____ shall be responsible for the execution of all grant documents necessary for the administration of the program. This agreement shall remain in affect until such time as the grant agreement has been successfully closed out by the State.

In the event the joint Block Grant Application is not funded, this agreement shall be null and void and have no legal affect.

IX. Disposition of Acquired Property or Assets

All property, real or personal, acquired during the administration of this program shall be disposed of in accordance with the provisions of Title 25 of the Code of Regulations, Sections 7116 and 7118. Any surplus funds contributed to the program by the parties to this agreement and remaining on hand after the completion of the program shall be returned in proportion to the contributions made.

X. Amendments

Appendix C Sample Joint Powers Agreement

Any amendments or modifications to this agreement must have the prior approval of the State and may not materially affect the State's responsibilities for administering this program.

XI. Assurances

Both parties to this agreement agree to be bound by any and all assurances required pursuant to 25 Code of Regulations, Section 7070(c)(3).

XII. This agreement shall be accompanied by certified resolutions from each party authorizing its execution.

XIII. Additional Provisions

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed and attested by their proper officer hereunder, duly authorized, and their official seals to be hereto affixed, as of the day and year first above written.

Name Name _____

Title Title _____

Date Date _____

City/County of _____ City/County of _____

APPROVED

Name Date _____
State Department of Housing and Community Development

COMPLIANCE WITH OMB CIRCULAR A-133

Office of Management and Budgets (OMB) Circular A-133 is issued pursuant to the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156. It sets forth the standards for obtaining consistency and uniformity among Federal agencies for the audit of states, local governments, and non-profit organizations expending Federal awards. Cities and counties not exempted from the requirements of OMB Circular A-133 must submit their audits to the State Controller. Non-profit organizations not exempted must submit their audits to the California Department of Housing and Community Development.

Pursuant to the requirements of OMB Circular A-133, please check the appropriate box(s) and certify at the bottom of the page:

☐ The _____ (name of entity) has expended more than \$300,000 in Federal funds in fiscal year 2004/2005 and is required to conduct a single audit or program specific audit for this year in accordance with the provisions of OMB Circular A-133.

☐ The audit has been completed and has been submitted to the appropriate control agency.

☐ The audit has not been completed. It is anticipated that the audit will be completed and submitted to the appropriate control agency by: _____ (date).

☐ The _____ (name of entity) has expended less than \$300,000 in federal funds in fiscal year 2004/2005 and is exempt from the requirements of OMB Circular A-133. Non-Federal entities that expend less than \$300,000 a year in Federal awards are exempt from Federal audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and the General Accounting Office.

I certify on behalf of _____, (name of entity) that the above is a true and accurate statement.

(Printed name and title)

(Signature)

(Date signed)

**Application Format
Instructions to the Applicant**

Applicants must submit one (1) original copy and two (2) copies in the following format:

1. Three-ring binder
2. **Application Sections** must be tabbed using the following index format and supporting documentation presented in the order indicated (*use tabs or colored paper*):

SECTION I Application Summary

- Application Form
- Application Summary

SECTION II Activity Description

BUSINESS ASSISTANCE:

- Activity Description
- Adverse Economic Event Attachment
- Business Assistance Program Design Guidelines Attachment
- Business Assistance Program Guidelines Attachment
- Program Operator Experience Attachments (*complete resume of work experience and education*)
- Other Local Organization Support Attachments
- Economic Development Plan Attachment
- Leverage Attachments

MICROENTERPRISE:

- Activity Description
- Adverse Economic Event Attachment
- Microenterprise Assistance Program Design Guidelines Attachment
- Microenterprise Assistance Program Guidelines Attachment
- Program Operator Experience Attachments (*complete resume of work experience and education*)
- Other Local Organization Support Attachments
- Economic Development Plan Attachment
- Leverage Attachments

SECTION III Certifications

- Statement of Assurances
- OMB Circular A-133
- Governing Body Resolution (*signed original*)

SECTION IV Checklist of Attachments

- Checklist of Attachments

